

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO

Columbus DIVISION

2022 JUL 13 PM 2:28

U.S. DISTRICT COURT
SOUTHERN DIST. OHIO
EAST. DIV. COLUMBUS

2:22 CV 2792

John Thompsons

(Enter Above the Name of the Plaintiff in this Action)

vs.

JUDGE MORRISON

Muskingum County Sheriff's Dept

(Enter above the name of the Defendant in this Action)

MAGISTRATE JUDGE VASCURA

If there are additional Defendants, please list them:

Genesis Health Care

COMPLAINT

I. Parties to the action:

Plaintiff: Place your name and address on the lines below. The address you give must be the address where the court may contact you and mail documents to you. A telephone number is required.

John Thompsons

Name - Full Name Please - PRINT

77 N Ober Bein Ave

Street Address

Westerville OH 43081

City, State and Zip Code

614-354-4336

Telephone Number

If there are additional Plaintiffs in this suit, a separate piece of paper should be attached immediately behind this page with their full names, addresses and telephone numbers. If there are no other Plaintiffs, continue with this form.

Defendant(s):

Place the name and address of each Defendant you listed in the caption on the first page of this Complaint. This form is invalid unless each Defendant appears with full address for proper service.

1. Muskingum County Sheriffs Dept.
Name - Full Name Please
28 N 4th St Zanesville OH 43701
Address: Street, City, State and Zip Code
2. Genesis Health Care / Genesis Hospital
2971 Maple Ave Zanesville OH 43701
3. _____

4. _____

5. _____

6. _____

If there are additional Defendants, please list their names and addresses on a separate sheet of paper.

II. Subject Matter Jurisdiction

Check the box or boxes that describes your lawsuit:

- Title 28 U.S.C. § 1343(3)
[A civil rights lawsuit alleging that Defendant(s) acting under color of State law, deprived you of a right secured by federal law or the Constitution.]
- Title 28 U.S.C. § 1331
[A lawsuit “arising under the Constitution, laws, or treaties of the United States.”]
- Title 28 U.S.C. § 1332(a)(1)
[A lawsuit between citizens of different states where the matter in controversy exceeds \$75,000.]
- Title _____ United States Code, Section _____
[Other federal status giving the court subject matter jurisdiction.]

III. Statement of Claim

Please write as briefly as possible the facts of your case. Describe how each Defendant is involved. Include the name of all persons involved, give dates and places.

Number each claim separately. Use as much space as you need. You are not limited to the papers we give you. Attach extra sheets that deal with your statement claim immediately behind this piece of paper.

Amendment IV , Article I Section (A) & Section (D)

1.) misdiagnosis my diabetes as type I when I am actually type II. They also had me taking injections 4 times a day an 11 extra units at night. This occurred over a 30 day period.

2.) During treatment on 6/24/25 I went without test strips. On the 6/25 I was also told no insulin was available during lunch. 1/2 Not enough insulin was available of my prescription so I was shorted the recommended amount called for by measurement of the sliding scale. Later the next day my insulin was located in a refridgerator

3.) On 7/7 I requested to see a doctor which took appoximally a week to address my concerns about the amount of medication I was injecting, at this time the Doctor informed me that I was misdiagnosised and had been taking unnecessary and harmful insulin injections

- 4.) I was charged \$10.00 for seeking medical advice while incarcerated and under the care of The Sheriff's Dept and Genesis Hospital
- 5.) On the 8th and 9th of July I suffered from physical altercation caused by the medication
- 6.) After the doctor corrected my medical chart, Staff continually attempted to harm my body with unneeded insulin injections. I have refused these test and injections multiple times
- 7.) Upon direction from the doctor I was to receive regular daily sugar checks (morning/Evenings) from the 7/7 to current and only twice has this occurred as directed.
- 8.) I was given no other health care options and was forced to pay these charges and use this provider

IV. Previous lawsuits:

If you have been a Plaintiff in a lawsuit, for each lawsuit state the case number and caption.
(Example, Case Number: 2:08-cv-728 and Caption: John Smith vs. Jane Doe).

<u>Case Number</u>	<u>Caption</u>
_____	vs. _____
_____	vs. _____
_____	vs. _____

V. Relief

In this section please state (write) briefly exactly what you want the court to do for you. Make no legal argument, cite no case or statutes.

I would like the Courts to compensate
me for pain and suffering, medical
mal practice, and injuries caused by
the Defendants above in the amount of
5,000,000.00

I state under penalty of perjury that the foregoing is true and correct. Executed on

this 9 day of July, 2022

John Throft
Signature of Plaintiff